



Pediatric Associates ADHD Teacher Packet

- Read the accompanying information provided in the Teacher Packet.
- Complete and sign the enclosed Teacher Evaluation Form.
- Mail completed Teacher Evaluation Form to our office in the enclosed envelope.



PEDIATRIC ASSOCIATES, P. A.

4735 OGLETOWN-STANTON ROAD
MEDICAL ARTS PAVILION #2, SUITE 1116
NEWARK, DELAWARE 19713

Neal Cohn, MD
Barbara Light, DO
Melissa Pe, DO
Jennifer Moncure, CPNP

Victoria Levin, MD
Ann Masciantonio, MD
Rachel Overdevest, MD
Amber Lewis, CPNP

Dear Teacher,

The parents of your student _____ are seeking to have their child evaluated by our office for health concerns. As part of our evaluation process, I am asking both parents and teacher to complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student.

Your time and cooperation in this matter is greatly appreciated. Attached please find a Release of Information Form that the parents have completed and a set of teacher rating scaled and questionnaires. These forms include:

- | | |
|--|----------|
| 1. NICHQ Vanderbilt Teacher Assessment Scale | 3. _____ |
| 2. _____ | 4. _____ |

Generally, the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher or has a special education teacher, it is useful for us to obtain a separate set of rating scaled from each teacher. If additional sets of rating scales are required, please have the parent contact me directly at 302-368-8612 and I will forward additional rating scales as needed. Please note that each teacher should complete an entire set of forms.

Please fill out the forms as completely as possible. If you do not know the answer to a question, please write, "Don't know", so that I can be sure the item was not simply overlooked. Some of the questions in the rating scales may seem redundant. This is necessary to ensure that I obtain accurate diagnostic information.

I ask that you complete these forms as soon as possible, as I am unable to begin a child's evaluation without the teacher rating scales. **The forms should be mailed to me directly in the envelope provided.**

Thank you for your assistance and cooperation in the completion of these forms. If you have any questions regarding the enclosed materials, or if you would like additional information regarding services provided, please do not hesitate to contact our office.

Sincerely,

The Clinical Department



PEDIATRIC ASSOCIATES, P. A.

4735 OGLETOWN-STANTON ROAD
MEDICAL ARTS PAVILION #2, SUITE 1116
NEWARK, DELAWARE 19713

Joseph A. Vitale, DO
Victoria A. Levin, MD
Ann Masciantonio, MD, MS
Jennifer Moncure, CPNP
Kristin Norquest, PA-C

Neal B. Cohn, MD
Barbara L. Light, DO
Melissa A. Pe, DO
Amber E. Lewis, CPNP

Parental Release of Information Form

I understand that I have the right to request that Pediatric Associates, P.A. restrict how it uses or discloses my child's protected healthcare information to carry out treatment, payment, and healthcare operations.

By signing this form, I am consenting to allow _____
(Child's Teacher) to disclose my child's protected healthcare information to carry out treatment and healthcare operations.

With my consent, the above named teacher may disclose protected health information about my child, necessary to complete:

1. NICHQ Vanderbilt Teacher Assessment Scale
2. _____
3. _____
4. _____

I may revoke my consent in writing except to the extent that the teacher has already made disclosures in reliance upon my prior consent.

Child's Name

Date

Signature of Patient or Legal Guardian

PEDIATRIC ASSOCIATES, P.A.
 MEDICAL ARTS PAVILION 2, SUITE 1116
 4735 OGLETOWN-STANTON ROAD
 NEWARK, DELAWARE 19713
 302-368-8612

NICHQ Vanderbilt Assessment Scale-TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____
 Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to detail to makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoke to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on going" or often acts as if "driven by a motor"	0	1	2	3
15. Talk excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line.	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

PEDIATRIC ASSOCIATES, P.A.
MEDICAL ARTS PAVILION 2, SUITE 1116
4735 OGLETOWN-STANTON ROAD
NEWARK, DELAWARE 19713
302-368-8612

NICHQ Vanderbilt Assessment Scale-TEACHER Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Parent's Phone Number: _____

Performance	Excellent	Above Average	Average	Somewhat Problematic	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat Problematic	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to:

PEDIATRIC ASSOCIATES, P.A.
MEDICAL ARTS PAVILION 2, SUITE 1116
4735 OGLETOWN-STANTON ROAD
NEWARK, DELAWARE 19713
Fax: 302-368-8858

For Office Use Only

Total Number of questions scored 2 or 3 in questions 1-9

Total Number of questions scored 2 or 3 in questions 10-18

Total Number Symptoms score 1-18

Total Number of questions scored 2 or 3 in questions 19-28

Total Number of questions scored 2 or 3 in questions 29-35

Total Number of questions scored 4 or 5 in questions 36-43

Total Number Symptoms score 19-43

Average Performance Score: